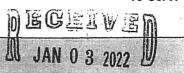
Appendix



13-80A1

Sick Call Request



BY: MYUN

Part A: (To be completed by inmate/resident patient)	
Name (Print): Osin Kristich	Date: 12-24-2021
Number: 99811051	Date of Birth: 5-23-1960
Work Assignment: N/A	1.80 (44)
·	Assignment: AN 244
•	ment (BE SPECIFIC): Because of my injury
	5-21. I am in extreme pain and the
TO THE PARTY OF TH	
ALON 30 nours to get me treatment for How long have you had this problem?	in has not stoned. Maure you should not he my medical Emergency-
Inmate/Resident Patient Signature:	
₩ DO NOT WRITE	E BELOW THIS LINE \(\Psi\)
Part B: (To be completed by Health Serv	ices Staff)
Health Services Reply: Seln hy provide	1/3/22
·	
	3.25
Health Services Signature: MHUN	
Date:	

Yellow Copy: To Inmate/Resident Patient

7/17/15

White Copy: To Medical Records